

B6F (Official Form 6F) (12/07)

In re WINSTON FITZGERALD MORGAN
DebtorCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 542418086355... CITI CARDS/CITIBANK PO BOX 6241 SIOUX FALLS SD 57117		2003-12 CONSUMER PURCHASES				12,391.00
ACCOUNT NO. 601917033856... GEGRB/PC RICHARD C/O PO BOX 965036 ORLANDO FL 32896		2012 CONSUMER PURCHASES				255.00
ACCOUNT NO. 410259304... MACYS PO BOX 8218 MASON OH 45040		2001-12 CONSUMER PURCHASES				1,762.00
ACCOUNT NO. 4658405... PAUL MICHAEL MARKETING S 15916 UNION TPKE STE 302 FLUSHING NY 11366		2006-07 MEDICAL SERVICES ORIGINAL CREDITOR: SUNRISE MEDICAL LABS				382.00

1 Continuation sheets attachedSubtotal > \$ **14,790.00**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re WINSTON FITZGERALD MORGAN

Debtor

Case No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 232545A438			2012				40.00
UNIVERSITY OPHTHALMIC CONSULTANTS PO BOX 27062 NEW YORK NY 10087-7062			MEDICAL SERVICES				

1 Continuation sheets attachedSheet no. 1 of 1 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >

\$ **40.00**

Total >

\$ **14,830.00**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)